

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10688648**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		3					54								
5	1	1					55								
6		1					56								
7		1					57								
8		3					58								
9	1						59								
10		1					60								
11		1					61								
12		3					62								
13	1						63								
14		1					64								
15		1					65								
16		3					66								
17	1						67								
18		1					68								
19		1					69								
20		3					70								
21	1						71								
22		1					72								
23		1					73								
24		3					74								
25	1						75								
26		1					76								
27		1					77								
28		3					78								
29	1						79								
30		1					80								
31		1					81								
32		3					82								
33	1						83								
34		1					84								
35		1					85								
36		3					86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	9						TOTAL IND.								
TOTAL DEP.	46						TOTAL DEP.								
TOTAL CLAIMS	55						TOTAL CLAIMS								